## EXHIBIT C

CANKRUPTCY COURT  KEYADA	PRO	OOF OF CLAIM			
Name of Debtor	Case Nu	mber	1		
4.5.A Commercial Mortgage	06 -	10725 - LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503	ense	Check box if you are aware that anyone else has filed a proof of claim relating to			
Name of Creditor and Address		your claim. Attach copy of statement giving particulars.			
NORMA M. MERNER, TRUSTER Eugene H. + WORMA M STOKES TR	det	Check box if you have never received any notices			
UTD 5/16/84		from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM WEST IN A BORROW!	
15758 SONSET PR		Check box if this address	ONE OF THE DE	BTORS	-
15758 SONSET PR POWAY, CA 92064		differs from the address on the anvelope sent to you by the court.	Benkruptcy Court	endy filed a proof of cl or BMC, you do not n	eed to file again
Creditor Telephone Number (158) 842-1834  Last four digits of account or other number by which creditor identifies of	debtor			E IS FOR COURT	USE UNLY
Cast look dights of account of other flustical by Willow Cleaner Commission		Check here repla	r a previously	filed claim dated _	
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted pr	rincipal
Goods sold Personal injury/wrongful death	Wages :	salanes and compensation	(fill out below)		against service
Services performed Taxes    Taxes   Ta		r digits of your SS #		(not for loan b	enericae;
See Experie A	Unpaid	compensation for services pe	informed from	(dete)	(data)
2. DATE DEST WAS INCURRED 12/15/04	3 IF C	OURT JUDGMENT, DATE (	DETAINED	(GEID)	(000)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descr	be your claim and state the amo	ount of the claim at t	he time case filed	
UNSECURED NONPRIORITY CLAIM \$ 50, 746.52.  Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your	your claim our claim is	SECURED CLAIM  Check this box if y a right of setoff)		red by collateral (inc	gnibuk
entitled to priority  UNSECURED PRIORITY CLAIM		Brief description of		<b></b>	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collatera		Li Other	
Amount entitled to priority \$  Specify the priority of the claim		Amount of arrearage a secured claim, if any	nd other charges		ncluded in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Wages asiaries or commissions (up to \$10 000)* earned within 180 days		Up to \$2 225° of deposits tow services for personal family	erd purchase lease or household use 1	or rental of property	or
before filing of the bankruptcy patition or cessation of the debtor's		Taxes or penalties owed to go	overnmental units	11 U S C § 507(a)(8)	'
business whichever is earlier 11 U S C § 507(a)(4)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable pai	- 1	4 . 1 . 7 . 4	
Contribution to all disholds believe being 11 and 2 and dishold		* Amounts are subject to adju with respect to cases comme			after
8 TOTAL AMOUNT OF CLAIM \$ 50, 746 52 \$ (unsecured)	- ,	46 52 \$ secured)	( pnority)		76.52 otal)
Check this box if claim includes interest or other charges in addition to the	•		•••	•	
6 CREDITS The amount of all payments on this claim has been cred					
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts, contracts court judgments, mortgages, security a	<i>iments</i> , su igreement	ich as promissory notes, pur s, and evidence of perfection	chase orders, inv	oices, itemized stat	ements of
DOCUMENTS If the documents are not available explain. If the displacement of the DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.				l envelope and copy	y of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm.				USA CM	
for each person or entity (including individuals, partnerships, or governmental units)	orporatio	ns, joint ventures, trusts a	nd	1072502287	1 <b>2 0 6 0/0</b>
BY MAIL TO BMC Group	<b>BMC</b> Gro	OR <mark>OVERNIGHT DELIVER</mark> Y TO Up		JAN 12	2007
	Attn USA	CM Claims Docketing Center t Franklin Avenue	or FILEY	JAN I W	_00/
El Segundo, CA 90245-0911	El Segun	do CA 90245			
DATE 1/11/07 ISIGN, and print the name and title if any of the Rosena M Fla	e creditor of	r other person authorized to file			

	PRO	OOF OF CLAIM		
Name of Debtor:	Case Nu	ımber:		
Name of Debtor: USA Conmincial Montgoge Company	BK	-5-06-10725 LBI	e	
NOTE: See Reverse for List of Debtors and Case Numbers.  This form should not be used to make a claim for an administrative expense.	pense	Check box if you are		
arising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.	of an	aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address:		your claim. Attach copy of statement giving particulars.		
(table and Florence FERRANO		Check box if you have		
Stanley and Florence Ferrano 2300 Ainlands Street		never received any notices from the bankruptcy court or BMC Group in this case.		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
LAS Vigas, Nevada 89134-5317		Check box if this address	ONE OF THE DEB	
1 2 10 12 1		differs from the address on the envelope sent to you by the		ady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number (202) 25 4 - 912 9		court.	1 ' '	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor:	Check here replace	ces	
ACC.# 6756, chent#6696		if this claim amen		filed claim dated:
1. BASIS FOR CLAIM	Retiree t	benefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salaries, and compensation (	fill out below)	Other claims against services (not for loan balances)
Services performed Taxes		r digits of your SS #:		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe	rformed from:	to
2. DATE DEBT WAS INCURRED:	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that				e time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$  Check this box if; a) there is no collateral or lien securing your claim, or b'	) your claim	Check this box if yo	our claim is secure	ed by collateral (including
exceeds the value of the property securing it, or if c) none or only part of y entitled to priority.		a right of setoff).	llateral	
UNSECURED PRIORITY CLAIM		Brief description of Real Estate		Other
Check this box if you have an unsecured claim, all or part of which is				
entitled to priority.  Amount entitled to priority \$		Value of Collateral:	00,0	
Specify the priority of the claim:		secured claim, if any:		at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	_	Up to \$2,225* of deposits toward	ard purchase lease	or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days	s	services for personal, family, o		
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	_	Taxes or penalties owed to go		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	L	<ul> <li>Other - Specify applicable para</li> <li>* Amounts are subject to adjust</li> </ul>	• .	
		with respect to cases commen		
5. TOTAL AMOUNT OF CLAIM \$ \$	60,00	\$\$		\$ 60,000.00
(unsecured)	,	secured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to t	he principal	amount of the claim. Attach ite	mized statement of	all interest or additional charges.
<ol> <li>CREDITS: The amount of all payments on this claim has been cree</li> <li>SUPPORTING DOCUMENTS: <u>Attach copies of supporting doc</u> running accounts, contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the</li> </ol>	uments, si agreement	uch as promissory notes, purd ts, and evidence of perfection	chase orders, invo	pices, itemized statements of
<ol><li>DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.</li></ol>	ne filing of y	your claim, enclose a stamped	d, self-addressed	envelope and copy of this
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, governmental units).  BY MAIL TO:	n, prevailir corporatio	ng Pacific time, on Novembe	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BMC Group	BMC Gro	pup		
Attn: USACM Claims Docketing Center P. O. Box 911		ACM Claims Docketing Cente at Franklin Avenue	'	
El Segundo, CA 90245-0911		do, CA 90245		
DATE  SIGN and print the name and title, if any, of the this claim (attach copy of power of attor)  STANLEY FERRAN MAN	rney, if any):	/ Florence t	Ferraro	

Case 06-10725-gwz Doc 8441		ntered 06/13/11 15:4	3:37 Pag	e 4 of 12
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA.	PRO	OOF OF CLAIM		
Name of Debtor	Case Nu	ımber		
USA COMMERCIAL MORTGAGE	06-	10725 - LBR		
Company				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A "request' for payment of		Check box if you are aware that anyone else has filed a proof of claim relating		
administrative expense may be filed pursuant to 11 U S C § 503		to your claim Attach copy of		
Name of Creditor and Address  11321241001407	7	statement giving particulars  Check box if you have		
GARY HOGAN IRA H01BD 9900 WILBUR MAY PKWY APT 1604		never received any notices from the bankruptcy court or	DO NOT FILE THI	S PROOF OF CLAIM FOR A
RENO NV 89521-4016		BMC Group in this case	SECURED INTER	EST IN A BORROWER THAT IS NOT TORS
		Check box if this address differs from the address on the envelope sent to you by the		ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (\$1775) 851-9193		court		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replac	2 DEGMODIEM	filed craim dateo
5208 (PlacER VINEYARDS)		if this claim amen		illed daith dated
1 BASIS FOR CLAIM	Retiree !	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	_	salaries and compensation (	fill out below)	Other claims against service (not for loan balances)
Money loaned Other (describe briefly)		r digits of your SS # compensation for services pe	rformed from	to
				(date) (date)
2 DATE DEBT WAS INCURRED //- 2/- 0.5 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE O		so timo casa filad
See reverse side for important explanations	i besi desci	SECURED CLAIM	unt of the claim at th	e une case nicu
UNSECURED NONPRIORITY CLAIM \$		_	our claim is secur	ed by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of you		a right of setoff)		,
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		_
Check this box if you have an unsecured claim all or part of which is		Real Estate		_
entitled to priority		Value of Collateral		KNOWN
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim, if any	nd other charges \$	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		services for personal family of		• (,,,,
business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to go Other Specify applicable para		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases comment		
5 TOTAL AMOUNT OF CLAIM \$	50,0			\$ 50,000
(unsecured)	(:	secured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the				<u> </u>
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu				
running accounts, contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the country is the country of the	agreement	ts and evidence of perfection	of lien DO NO	SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the			-	envelope and copy of this
proof of claim				
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units)	, prevailir	ng Pacıfic tıme, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO	, ,	I Th Aam A
Attn USACM Claims Docketing Center P O Box 911	Attn USA	ACM Claims Docketing Cente st Franklin Avenue	r F	LED OCT 04 2006
El Segundo CA 90245-0911	El Segun	do CA 90245		
DATE SIGN and print the name and title if any of the this claim (attach eapy of power of attorn			- 1	USA CMC
9-30-06 (attachdeby of power of attorn		GARY M. HOG	AN	1072500426
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonme	ent for up to	5 years or both 18 U S C §§	152 AND 3571	

		ES EVALISATION AND ADDITION OF HEA	and part	OOF OF CLAIM	13-37 Page 186	<del>9<u>9</u> 5 of 12</del>	
Nar	me of Debtor		Case No	ımber	-		
	's Commerce	COLAC MORTS AS E					
7 his arisi	form should not be used ing after the commencer	of Debtors and Case Numbers d to make a claim for an administrative ment of the case A "request" for payme be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating			
Name of Creditor and Address  11321241003258  GENE SMITH & EMILY SMITH PATRICIA GUNN 419 SHIPLEY DR YERINGTON NV 89447-2632		3258	to your claim Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NO ONE OF THE DEBTORS  If you have already filed a proof of claim with the		ER THAT IS NOT	
Cro	utor Talashana Number	775 463 2673 (775-463 2073		envelope sent to you by the court		t or BMC you do not r CE IS FOR COURT	
	المنتقب المنافع المناف	other number by which creditor identifi	ies debtor	- Foreign		3E 10 1 OK 000KI	OOL OILLI
				Check here replain or if this claim amer	a previously	y filed claim dated .	-
1 B	ASIS FOR CLAIM Goods sold	Personal injury/wrongful death		benefits as defined in 11 U S	- ,,	Unremitted p	rincipal
1=	Services performed	Taxes	_	salaries, and compensation (	fill out below)	Other claims (not for loan	against servicer balances)
K	Money loaned	Other (describe briefly)		r digits of your SS # compensation for services pe	rformed from	to _	+
2 D	ATE DEBT WAS INCUR	RRED 01-24-05	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(date)	(date)
4 C	LASSIFICATION OF CL	AIM Check the appropriate box or boxes				the time case filed	
1	ee reverse side for importan			SECURED CLAIM			
		is no collateral or lien securing your claim or roperty securing it or if c) none or only part		Check this box if you a right of setoff)  Brief description of		ured by collateral (in	cluding
UNS	SECURED PRIORITY CL	LAIM		Real Estate		a D Other	
	Check this box if you have entitled to priority	an unsecured claim all or part of which is		Value of Collateral			<del></del>
	Amount entitled to priority	\$		Amount of arrearage a		000-00	unalisad sa
	Specify the priority of the c	elaim		secured claim if any		at time case med	incidded in
		ons under 11 U S C § 507(a)(1)(A) or (a)(1)(	В)	Up to \$2,225* of deposits toward	ard purchase leas	e or rental of property	or or
		issions (up to \$10 000)* earned within 180 c	days	services for personal, family of			
		otcy petition or cessation of the debtor's dier - 11 U S C § 507(a)(4)	<u> </u>	Taxes or penalties owed to go			)
	Contributions to an employ	yee benefit plan 11 U S C § 507(a)(5)	L	Other - Specify applicable part * Amounts are subject to adjust	• .		eafter
				with respect to cases commer			
	OTAL AMOUNT OF CLA AT TIME CASE FILED	<b>T</b>	\$53,7	15,25 \$		\$	
囟	Check this box if claim incl	(unsecured) ludes interest or other charges in addition	,	secured) amount of the claim Attach ite	( pnonty) mized statement	•	Total) Ional charges
7 S	SUPPORTING DOCUL running accounts, contract DOCUMENTS If the documents	MENTS Attach copies of supporting of cts, court judgments, mortgages, secur cuments are not available, explain if the copies of supporting of cts, court judgments, mortgages, secur cuments are not available, explain if the copies of copies of copies of all payments of a	documents, so rity agreement he documents	uch as promissory notes puri ts, and evidence of perfection s are voluminous, attach a sui	chase orders inv of lien DO NO mmary	voices, itemized sta DT SEND ORIGINA	L '
1	ACCEPTED) so that it is for each person or entit	npleted proof of claim form must be s s actually received on or before 5 00 ty (including individuals, partnership	pm, prevaili	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE I USE C	
	governmental units) BY MAIL TO BMC Group		BY HAND	OR OVERNIGHT DELIVERY TO			
	SMC Group Attn USACM Claims Doo	cketing Center	BMC Gro Attn US/	oup ACM Claims Docketing Cente	er		
1	P O Box 911 El Segundo CA 90245-0	-	1330 Eas	st Franklin Avenue do, CA 90245			
DA		SIGN and print the name and title if any	of the creditor o	r other person authorized to file		1	
		this claim (attach copy of power of a	attomey if any)	Dene Sough	. 1		
		GENE + Emily Sm	1177	Emily Smi	th		

	Case 06-10725-gwz Doc 8441-3	r	tered 06/13/11 15:	·/2·27 Day	70 6 of 12
. €	Case 00-10725-gWZ		OF OF CLAIM	43.31 Pa	ge 0 01 12
Nar	ne of Debtor	ase Nu	mber	1	
1	USA COMMERCIAL MORREGE CONGRY				
	US . COMMERCIAL MARRIEDE CONGREY	06.	10 + 25 - LBK		
This	E See Reverse for List of Debtors and Case Numbers form should not be used to make a claim for an administrative expending after the commencement of the case A "request" for payment of inistrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		
	me of Creditor and Address		to your claim Attach copy of statement giving particulars		
	GISH FAMILY TRUST DTD 6/25/89 C/O GEORGE J GISH & DEANNA K GISH TRUSTEES		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A
	2104 RED DAWN SKY ST LAS VEGAS NV 89134-5538		Check box if this address	ONE OF THE DE	REST IN A BORROWER THAT IS NOT BTORS
			differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
	itor Telephone Number 409 233 - 07 66		court	THIS SPAC	E IS FOR COURT USE ONLY
Last	four digits of account or other number by which creditor identifies de $\pm$ (2976)	ebtor	Check here repla	<sub>r</sub> a previously	filed claim dated
1 B		Retiree h	enefits as defined in 11 U S		Unremitted principal
	Goods sold Personal injury/wrongful death	Wages, s	alaries and compensation		Other claims against servicer (not for loan balances)
×	Manage		digits of your SS # ompensation for services pe	erformed from	to
		Ta .= a.			(date) (date)
	ATE DEBT WAS INCURRED 7/22/65  LASSIFICATION OF CLAIM Check the appropriate box or boxes that b		DURT JUDGMENT, DATE ( be your claim and state the amo		he time case filed
S	e reverse side for important explanations		SECURED CLAIM		
UN	SECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) you	our claim		our claim is secui	red by collateral (including
	exceeds the value of the property securing it or if c) none or only part of your entitled to priority		a right of setoff)	facilitaral # S	IT TRUST DEED
-	ECURED PRIORITY CLAIM		Real Estate		
K	Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collatera		= 6/05-667,660,000
	Amount entitled to priority \$ 4500 °C CINTERES	TNot .	Amount of arrearage a secured claim, if any	and other charges	at time case filed included in
П	Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	ر □			
	Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Up to \$2 225* of deposits tow services for personal family Taxes or penalties owed to go	or household use -1	1 U S C § 507(a)(7)
	business whichever is earlier - 11 U S C § 507(a)(4)  Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other - Specify applicable par	ragraph of 11 U S C	§ 507(a) ( )
		****	* Amounts are subject to adju with respect to cases comme		
	OTAL AMOUNT OF CLAIM \$ 4500 \$ IT TIME CASE FILED (unsecured)	50	, 000 \$	( priority)	\$ 54,500°0 (Total)
	Check this box if claim includes interest or other charges in addition to the	•	•	***	\·/
7 S	REDITS The amount of all payments on this claim has been credit UPPORTING DOCUMENTS Attach copies of supporting documenting accounts, contracts, court judgments mortgages, security agi	<u>nents.</u> su reements	ch as promissory notes, pur	rchase orders inv	oices, itemized statements of
8 D	OCCUMENTS If the documents are not available, explain If the documents are not available, explain If the document of the f			•	envelope and copy of this
1	roof of claim  The original of this completed proof of claim form must be sent be	oy mail o	r hand delivered (FAXES i	NOT	THIS SPACE FOR COURT
f	CCEPTED) so that it is actually received on or before 5 00 pm, por each person or entity (including individuals, partnerships, collovernmental units)	prevailing rporation	g Pacific time, on Novemb is, joint ventures, trusts a	per <u>13, 2</u> 006 and	USE ONLY
Ē	Y MAIL TO BIMC Group B	IMC Grou			
F	O Box 911 / 1	330 East	CM Claims Docketing Center Franklin Avenue to CA 90245	er 💆	LED OCT 0 2 2006
DAT	E / SIGN and point the name and title if any of the	creditor or		) 21	
	1/28/256 that claim (attach copy of power of attorney	7	ama K x		USA CMC
Pena	lty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	for up to 5	years or both 18USC §§	152 AND 3571	/250038/

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UNITED STATES BANGERS BY THE DISTRICT OF STATES BANGERS BY THE STATES BANGERS BY THE STATES BY THE B	PRO	tered 06/13/11 15:2 DOF OF CLAIM	0.07 - T dg	JO 1- 01-12
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company	06-107	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expension after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		Y OWED MONEY BY A BORROWER
Name of Creditor and Address	3	statement giving particulars	DEBTORS YOU DO CLAIM THIS	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT
HANSLIK, WALDEMAR		Check box if you have never received any notices		
10420 MARYMONT PLACE LAS VEGAS NV 89134		from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the		eady filed a proof of claim with the
On the Talach on Number MAN ASS DATE		envelope sent to you by the court	, ,	or BMC, you do not need to file again
Creditor Telephone Number (702) 233 ~ 5951  Last four digits of account or other number by which creditor identifies of	debtor	[ ] reals		E IS FOR COURT USE ONLY
ClientJD: 5263		Check here replain or if this claim amer	a previously	filed claim dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death		penefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death  Services performed Taxes		salaries and compensation (	fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		digits of your SS # compensation for services pe	rformed from	12-15-04 1002-28-06
	Oripaid			(date) (date)
2 DATE DEBT WAS INCURRED /2-/5-04		OURT JUDGMENT, DATE C		NOT APPECAGLE
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descr		unt of the claim at t	he time case filed
UNSECURED NONPRIORITY CLAIM \$ N/A		SECURED CLAIM  Check this box if w	our claim is secili	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yo	your claim our claim is	Check this box if you a right of setoff)	our claim is secui	
entitled to priority	NE	Brief description of		Milanows Kit Hantges, see
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	
entitled to priority  Amount entitled to priority  \$\left( \frac{70,000,00+}{000} \right) \left( 12)	5	Value of Collateral		00.09 + 12.5%
	- )	Amount of arrearage as secured claim, if any		at time case filed included in
Specify the priority of the claim  Domestic support obligations under 11 U S C § 607(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits town		or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days	ا	services for personal family of		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	Ļ	Taxes or penalties owed to go  Other - Specify applicable par		•
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	L.	* Amounts are subject to adju	stment on 4/1/07 ar	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ N/A \$	70,00	with respect to cases commer	nced on or after the	\$ 70.000.00
AT TIME CASE FILED (unsecured)	,	secured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim Attach ite	mized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu	<i>ıments.</i> sı	uch as promissory notes, pur	chase orders, inv	oices, itemized statements of
running accounts contracts, court judgments, mortgages, security a DOCUMENTS If the documents are not available explain. If the d	agreement	ts and evidence of perfection	of lien DO NO	T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim		•	•	d envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm	, prevailir	ng Pacıfic tıme, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, c governmental units)	•			FII FD -
BY MAIL TO BMC Group	BMC Gro		,	FILFD SEP 28 2006
Attn USACM Claims Docketing Center P O Box 911	1330 Eas	ACM Claims Docketing Cente of Franklin Avenue	er .	~ 0 2006
El Segundo, CA 90245-0911  DATE  SIGN and print the number and title if any of the		do, CA 90245		
109-23-06 Sign and print the name and title if any of the this claim (attach copy of power of attorn		TU 40 '	A a states	USA CMC
Wouldman (Kampkir Trus	122 4	Natharina 80	while 1 tot	1072500333

claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18USC §§ 152 AND 3571

Waldemay HANGLIK

The state of up to \$500,000 or imprisonment for up to 5 years or both 18USC §§ 152 AND 3571

Kathavina HANGLIK

UNITED STATES BANKRUPTCY COURT		OOF OF CLAIM	43:37 <del>\ 19</del> 6	III III III III III
DISTRICT OF NEVADA			YOUR CLA	IM IS SCHEDULED AS
Name of Debtor	Case Nu	ımber	Schedule/Claim ID	s31845
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classificat	ion
				83
NOTE See Reverse for List of Debtors and Case Numbers	<u> </u>		53,645	,
This form should not be used to make a claim for an administrative expansing after the commencement of the case. A 'request for payment administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	The amounts reflect	ted above constitute your claim as ebtor or pursuant to a filed claim. If
JOYCE E SMITH TRUST DATED 11/3/99 C/O JOYCE E SMITH TRUSTEE 3080 RED SPRINGS DR LAS VEGAS NV 89135 1548	001113	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the	other claim against this proof of claim E If the amounts sho Unliquidated or Di filed	amounts set forth herein and have no the Debtor you do not need to file XCEPT as stated below own above are listed as Contingent sputed, a proof of claim must be ady filed a proof of claim with the
Creditor Telephone Number (767) 240 - 8007		envelope sent to you by the court	1 ' '	or BMC you do not need to file again  E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	ronla		
Act 2296	/	Check here repla of this claim amer	a previously	filed claim dated
1 BASIS FOR CLAIM	] Retiree I	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	] Wages	salaries and compensation	(fill out below)	Other claims against service (not for loan balances)
Services performed Taxes  Money loaned Other (describe briefly)		r digits of your SS #		·
Carlot (describe bliefly)	Unpaid	compensation for services pe	errormed from	to (date) (date)
2 DATE DEBT WAS INCURRED 4-19-05	3 IF C	OURT JUDGMENT, DATE (	DBTAINED	(cate)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descri	be your claim and state the amou	nt of the claim at the	time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) yexceeds the value of the property securing it or if c) none or only part of you entitled to priority	your claim ur claim is	a right of setoff)  Brief description of		ed by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$ 53	1045,63
Amount entitled to priority \$			nd other charges	at time case filed included in
Specify the priority or the claim		secured claim if any	\$ 53,645	83
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	_	services for personal family of Taxes or penalties owed to go		- ,
business whichever is earlier 11 U S C § 507(a)(4)	F	Other Specify applicable part		• • • • • • • • • • • • • • • • • • • •
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 and	l every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED	53,6	45,83 \$		\$ 53645.83
(unsecured)	`	secured)	( pnority)	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal	I amount of the claim Attach ite	emized statement of	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting doc running accounts contracts court judgments mortgages security DOCUMENTS If the documents are not available explain. If the	<i>uments,</i> si agreemer	uch as promissory notes puints and evidence of perfection	rchase orders inventor in of lien DO NO	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	ne filing of	your claim enclose a stampe	ed self addressed	I envelope and copy of this
The original of this completed proof of claim form must be set ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, governmental units) BY MAIL TO BMC Group	n, prevaili corporati	ing Pacific time, on Novemi ons, joint ventures trusts a OR OVERNIGHT DELIVERY TO	ber 13, 2006 and	THIS SPACE FOR COURT USE ONLY
Attn USACM Claims Docketing Center P O Box 911	1330 Eas	ACM Claims Docketing Centi st Franklin Avenue	er <b>F</b>	LED OCT 3 1 2006
El Segundo CA 90245 0911  DATE  SIGN and print the name and title if any of the		rother person authorized to file		USA CMC
this claim (attach copy of power of attorn		trus lee.	1	1072500910
Penalty for presenting fraudulent clayr is a fige of up to \$500 000 or imprisonmer	nt for up to 5	years or both 18USC §§ 15	52 AND 3571	

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	UNITED STATE		1	PRC	OF OF CLAIM	o.or rag	0 0 0 1 1 1
Name of Debtor Case Num		mber					
	USA Comm	neverl Mortge	yeto.	6-	10725 LBR		
This arisi adm	form should not be use ng after the commencer unistrative expense may	st of Debtors and Case Numbed to make a claim for an adment of the case A "reques by be filed pursuant to 11 U S	ministrative expensit" for payment of ar		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Na	4533 PONY		1321241001789		statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the	SECURED INTER ONE OF THE DEE If you have aire	eady filed a proof of claim with the
	44 - 7-1 - 1 - 1 - 1 - 1	/n. A. A. A. D. A. D. A.			envelope sent to you by the court	1 ' '	or BMC you do not need to file again  E IS FOR COURT USE ONLY
		r (703 658-685) r other number by which cre		or			E IS FOR COURT USE UNLY
	2422 a	ccount # 20		OI .	Check here replace or if this claim amen	a previously	filed claim dated
1 B	ASIS FOR CLAIM	П в		tiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
1=	Goods sold	Personal injury/wrong	mu death W	ages, s	salaries and compensation (	fill out below)	Other claims against servicer (not for loan balances)
12	Services performed	☐ Taxes	`		digits of your SS #		(not for loan balances)
150	Money loaned	Other (describe briefly	<i>الا</i> 	ipaid c	ompensation for services pe	rformed from	to (date) (date)
2 D	ATE DEBT WAS INCU	RRED 12-15-0	94	IF CO	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
		LAIM Check the appropriate		t descri	be your claim and state the amo	unt of the claim at th	ne time case filed
1	ee reverse side for importai				SECURED CLAIM		
		es no collateral or lien securing property securing it or if c) none			Check this box if you a right of setoff)  Brief description of		ed by collateral (including
UNS	SECURED PRIORITY C	LAIM			Real Estate	_	Other
	Check this box if you have entitled to priority	e an unsecured claım all or part	of which is		Value of Collateral		30,000.00
	Amount entitled to priority	<b>s</b>			1		
	Specify the priority of the o	claim			secured claim, if any	\$ 50,000.	at time case filed included in a
		ons under 11 U S C § 507(a)(1)	(A) or (a)(1)(B)	П	Up to \$2 225* of deposits toward	erd purchase lease	or rental of property or
		nissions (up to \$10 000)*, earned			services for personal family of	or household use -1	1 U S C § 507(a)(7)
		ptcy petition or cessation of the inher 11 U S C § 507(a)(4)	debtors	님	Taxes or penalties owed to go		• (////
	Contributions to an emplo	yee benefit plan 11 USC § 5	507(a)(5)	ш	Other - Specify applicable para * Amounts are subject to adjus	• '	•
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1	OTAL AMOUNT OF CL AT TIME CASE FILED	(unsecure	•	•	ecured) Interest at	(, ),	(Total)
Ш	Check this box if claim inc	audes interest or other charges	s in addition to the pr	incipal a	amount of the claim Attach ite	mized statement of	f all interest or additional charges
7 5	SUPPORTING DOCU	IMENTS Attach copies of sacts, court judgments, mortg	supporting documer ages, security agre	<u>nts.</u> su ements	educted for the purpose of m ch as promissory notes pure s, and evidence of perfection are voluminous, attach a sur	chase orders, invi	oices, itemized statements of
F	proof of claim				our claim, enclose a stamped		envelope and copy of this
1	ACCEPTED) so that it I	is actually received on or b	pefore 5 00 pm, pro partnerships, corp BY	evailin oratioi	or hand delivered (FAXES N g Pacific time, on Novembons, joint ventures, trusts ar OR OVERNIGHT DELIVERY TO	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
A	Attn USACM Claims Do P O Box 911 El Segundo, CA 90245-0	•	Attr 133	n USA 80 East	CM Claims Docketing Cente t Franklin Avenue do, CA 90245	' FIL	ED SEP 28 2006
DAT		SIGN and print the name and	title if any of the cre	editor or	other person authorized to file		
10	1-24-06	this claim (attach copy	or power of attorney	,	1. /	10	USA CMC
		Muliam	Massel			TASSEL	
Pena	aity for presenting frauduler	nt claim is a fine of up to \$500 0	υυ or imprisonment fo	r up to 5	5 years or both 18 USC §§	152 AND 3571	1072500338

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Case 06-10725-gwz Doc 8441-3			:37 Page	2 10 of 12	
	PRU	OF OF CLAIM			
Name of Debtor Ca	ase Nur	mber			
USA Commercial Mortgage Company	06-107	25-LBR			
- Controlled montgage company					
NOTE See Reverse for List of Debtors and Case Numbers					
This form should not be used to make a claim for an administrative expen-		Check box if you are			
ansing after the commencement of the case A "request" for payment of a administrative expense may be filed pursuant to 11 U S C § 503	an	aware that anyone else has filed a proof of claim relating		Y OWED MONEY BY	
Name of Creditor and Address		to your claim Attach copy of statement giving particulars		B BEING SERVICED I DO <u>NOT</u> HAVE TO FI	
11321242036280			OF CLAIM THIS	INCLUDES MONEY	FROM THAT
KASSEL, WILLIAM		Check box if you have never received any notices	BORROWER HE	LD IN THE COLLECT	ION ACCOUNT
4533 PONY EXPRESS ST		from the bankruptcy court or		IS PROOF OF CLAIN	
N LAS VEGAS NV 89031		BMC Group in this case	SECURED INTER	REST IN A BORROWI BTORS	ER THAT IS NOT
		Check box if this address differs from the address on the		eady filed a proof of cl	aim with the
		envelope sent to you by the		or BMC you do not n	
Creditor Telephone Number (701) 658 6864		court	THIS SPAC	E IS FOR COURT	USE ONLY
Last four digits of account or other number by which creditor identifies deb	btor	Check here replace	ces	filted along dained	
2422 account # 2035		if this claim amen		/ filed claim dated _	***********************
1 DAGIO FOD OLAMI	Retiree b	enefits as defined in 11 U S	C & 1114(a)	Unremitted pi	uncinal
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I I Convices performed I I Toyes		alaries, and compensation (finding the discription (finding the discription) and the discription (finding the disc	ill out below)	(not for loan b	against service alances)
Managed Cotton (decomb a bound)		ompensation for services per	formed from	to	
	onpara oc	on portodición for convicco por	ioiiiioa iioiii	(date)	(date)
2 DATE DEBT WAS INCURRED 12-15-04	3 IF CC	OURT JUDGMENT, DATE O	BTAINED	(00.0)	(64.6)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that be	est describ	pe your claim and state the amou	unt of the claim at t	the time case filed	
See reverse side for important explanations		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$		Check this box if yo	our claim is secu	red by collateral (in	cluding
Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of your		a right of setoff)			•
entitled to priority		Brief description of	collateral		
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other _	
entitled to priority		Value of Collateral	\$ 22 4	30,000.00	
Amount entitled to priority \$			0 2 7 10		
Specify the priority of the claim		Amount of arrearage an secured claim, if any	50,000.	00 + inte	rest
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towards	rd nurchaea laaca	or rental of property	Or
Wages, salaries or commissions (up to \$10 000)* earned within 180 days		services for personal family o	r household use -1	1 U S C § 507(a)(7)	Oi .
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to gov	vernmental units -	11 U S C § 507(a)(8)	
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other - Specify applicable para			
Contributions to all employee benefit plan - 11 0 3 0 g 307(a)(5)		* Amounts are subject to adjust with respect to cases comments	tment on 4/1/07 ar	nd every 3 years there	after
5 TOTAL AMOUNT OF CLAIM \$ \$50.0	2000	0+ Interes &	oca on or anor the	\$	
AT TIME CASE FILED (unsecured)	(se	ocured) 41/2,5%	( priority)		otal)
Check this box if claim includes interest or other charges in addition to the p	,	7 7 70	***	•	•
	-				Tial Charges
6 CREDITS The amount of all payments on this claim has been credite					
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docume</u> running accounts, contracts, court judgments mortgages, security agree	<i>ents,</i> suc	and evidence of perfection	nase orgers inv of lien DO NO	oices, itemized stat T SEND ORIGINAL	ements of
DOCUMENTS If the documents are not available, explain if the documents	uments a	are voluminous, attach a sun	nmary		
8 DATE-STAMPED COPY To receive an acknowledgment of the fil proof of claim	ling of yo	our claim, enclose a stamped	l, self-addressed	l envelope and copy	of this
The original of this completed proof of claim form must be sent by ACCEPTED) so that it is actually received on or before 5 00 pm, pr	y maii oi revailind	r nand delivered (FAXES N I Pacific time, on Novembe	O I or 13, 2006	THIS SPACE F	
for each person or entity (including individuals, partnerships, con	poration	s, joint ventures, trusts an	d	002 0	
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BMC Group	MC Grou			ED OFF A	2 2006
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El Segundo CA 90245-0911 El	Segunde	o CA 90245			
DATE SIGN and print the name and title if any of the cr this claim (attach copy of power of attorney	reditor or o	other person authorized to file			
9-24.06 h/11 ln		1.1.1.1.1.1.1.K	0000	USA Mari III III III III	
11 miam ! lasses		VILLIAM J.K.		10725	00337
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for	or up to 5	years, or both 18 USC §§ 1	52 AND 3571	10725	

UNITED STATES BANKRUPTCY COURT, DISTRICT OF		PROOF OF CLAIM
Name of Debtor Case Number USA COMMEDICAL MORTGAGE COMPANY 06-10725		
USA COMMERCIAL MORTGAGE COMPANY		
NOTE This form should not be used to make a claim for an administrative case \ request' for payment of an administrative expense may be filed p	e expense arising after the commencement of the pursuant to 11 U.S.C. Section 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property)	Check box if you are aware that anyone else has filed a proof of claim relating	
KRYSTINA L KEHL	to your claim. Attach copy of statement giving particulars	
Name & address where notices should be sent JANET L CHUBB, ESQ	Check box if you have never received any notices from the bankruptcy court in this case	
JONES VARGAS POBOX 281 RENC, NV 89504-0281	Check box if the address differs from the address on the envelope sent to you	
Telept one number 775-786-5000	by the court.	THIS SPACE FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor 500953 5	Check here □ replaces  If this claim □ amends a previously filed	claim, dated
1 BASIS FOR CLAIM	☐ Retiree benefits as defined in 11 U	JSC § 1114(a)
□ Goods sold	<ul> <li>Wages, salaries, and compensation</li> </ul>	(fill out below)
☐ Services performed	Last four digits of your SS #	
Money loaned	Unpaid compensation for services	s performed from
☐ Personal mjury/wrongful death ☐ Taxes	from to	{
Other DEBTOR'S BREACHES (see adversary complaint)	from to (date)	(date)
2 Date debt was incurred	3 If court judgment, date obtained	
2003-2005		ì
4 Classification of Claim. Check the appropriate box or boxes filed See reverse side for important explanations	that best describe your claim and state the am	ount of the claim at the time case
Unsecured Nonpriority Claim \$ 500,000 00 + accrued interest	less any Secured Claim.	
postpetition payments receive	□ Check this box if your cla	m is secured by collateral
□ Check this box if a) there is no collateral or lien securing you	(including a right of se	
b) your claim exceeds the value of the property securing it, or if d	Differ description of colla	
only p at of your claim is entitled to priority	Value of Collateral \$	r Vehicle 🗆 Other
Unsecured Priority Claim.	Amount of arrearage and othe	
☐ Check this box if you have an unsecured claim, all or part of ventitled to priority		
Amoun entitled to priority \$		
Specify the priority of the claim	Up to \$2,225* of deposits toward property or services for personal, i	purchase, lease or rental of
F1 Domestic support obligations in 11 U.S.C. & 507(a)(1)(A) or?		
(a)(1)(B	USC § 507(a)(7)  ☐ Taxes or penalties owed to governing	
(a)(1)(B  Wages, salaries, or commissions (up to \$10,000),* earned with 180 days before filing of the bankruptcy petition, or cessation of the salaries of the salaries and the salaries of th	USC § 507(a)(7)  Taxes or penalties owed to governin 507(a)(8)  the	pental units 11 USC §
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(a)(1)(B  □ Wages, salaries, or commissions (up to \$10,000),* earned with 180 days before filing of the bankruptcy petition, or cessation of the debtor's business whichever is earlier- 11 U S C § 507(a)(4)  □ Contributions to an employee benefit plan - 11 U S C § 507(a)  5 Total Amount of Claim at Time Case Filed \$ 500.6	USC § 507(a)(7)  Taxes or penalties owed to government 507(a)(8)  the  OTHER - Specify applicable parage a)(4)  *Amounts are subject to adjustment on 4/1 with respect to cases commenced on a 5000 00 +/- \$	raph of 11 USC § 507(a) ()  1/98 and even 3 years thereafter or after the date of adjustment
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(a)(1)(B  □ Wages, salaries, or commissions (up to \$10,000),* earned with 180 days before filing of the bankruptcy petition, or cessation of the debtor's business whichever is earlier- 11 USC § 507(a)(4)  □ Contributions to an employee benefit plan - 11 USC § 507(a)  5 Total Amount of Claim at Time Case Filed \$ 500.4 (under the companion of the charges in admitterest or additional charges  6 Credits The amount of all payments on this claim has been creating proof of claim. SEE ABOVE	USC § 507(a)(7)  Taxes or penalties owed to government of 507(a)(8)  the  OTHER - Specify applicable paragoral (4)  *Amounts are subject to adjustment on 4/1 with respect to cases commenced on a specific paragoral (5000000 +/- \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	raph of 11 USC § 507(a) ()  1/98 and even 3 years thereafter or after the date of adjustment  S OUTHY) (Total)  Attach itemized statement of all
□ Wages, salaries, or commissions (up to \$10,000),* earned with 180 days before filing of the bankruptcy petition, or cessation of the debtor's business whichever is earlier- 11 U S C § 507(a)(4) □ Contributions to an employee benefit plan - 11 U S C § 507(a)  5 Total Amount of Claim at Time Case Filed \$ 500.4 (under the contributions) (under the charges in admitterest or additional charges) 6 Credits The amount of all payments on this claim has been on this proof of claim. SEE ABOVE 7 Supporting documents. Attach copies of supporting document invoices itemized statements of running accounts, contracts, cour	USC § 507(a)(7)  Taxes or penalties owed to government 507(a)(8)  OTHER - Specify applicable paragold with respect to adjustment on 4/1 with respect to cases commenced on 5000 00 +/- \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	raph of 11 USC § 507(a) ()  1/98 and even 3 years thereafter or after the date of adjustment  S OUTHY) (Total)  Attach itemized statement of all
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(a)(1)(B  □ Wages, salaries, or commissions (up to \$10,000),* earned with 180 days before filing of the bankruptcy petition, or cessation of the debtor's business whichever is earlier- 11 USC § 507(a)(4)  □ Contributions to an employee benefit plan - 11 USC § 507(a)  5 Total Amount of Claim at Time Case Filed \$ 500.4 (under the contribution of the claim includes interest or other charges in admitterest or additional charges  6 Credits The amount of all payments on this claim has been on this proof of claim. SEE ABOVE  7 Supporting documents. Attach copies of supporting documents.	USC § 507(a)(7)  Taxes or penalties owed to government 507(a)(8)  OTHER - Specify applicable paragology and the with respect to adjustment on 4/2 with respect to cases commenced on 5000 00 +/-  S S  secured) (secured) (production to the principal amount of the claim. A secured and deducted for the purpose of making the such as promissory notes purchase orders, or judgments, mortgages, security agreements DOCUMENTS If the documents are not among ling of your claim, enclose a stamped self-	raph of 11 USC § 507(a) ()  1/98 and ever 3 years thereafter or after the date of adjustment  S  ORITY) (Total)  Attach itemized statement of all  Ing THIS SPICE IS FOR COURT USE ONLY  FILED DEC 09 21

Penalty for presenting fraudulent claim Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 and 3571

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3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		PRO	OOF OF CLAIM	or rago	
Name of Debtor	<u> </u>	Case Nu	ımber	1	
USA Commercial	Mortgage Company	BK-5-0	06-10725-LBR		
arising after the commencement	Debtors and Case Numbers make a claim for an administrative exp t of the case A "request" for payment of filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and A	ddress		to your claim. Attach copy of statement giving particulars	1	
	1132124100196 GE ACCOMMODATORS W BLVD STE 150	4	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	1	IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT
			Check box if this address differs from the address on the envelope sent to you by the	ONE OF THE DE	BTORS eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (	)(702) 676-1031		court.	THIS SPAC	E IS FOR COURT USE ONLY
05-2	ner number by which creditor identifies of 24845-LEA-PV	debtor	Check here replace or if this claim amen	. a previously	filed claim dated
1 BASIS FOR CLAIM		Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death	Wages,	salanes, and compensation (	fill out below)	Other claims against service
Services performed		Last four	digits of your SS#		(not for loan balances)
Money loaned	☐ Other (describe briefly)	Unpaid o	compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRE	1/24/2006	12 IE C	OURT JUDGMENT, DATE C	DTAINED	(date) (date)
1	Check the appropriate box or boxes that		be your claim and state the amo		
UNSECURED NONPRIORITY	CLAIM \$				red by collateral (including
	o collateral or lien securing your claim or b) orty securing it or if c) none or only part of you		a right of setoff)  Brief description of		
UNSECURED PRIORITY CLAIR	Mr.		Real Estate		
Check this box if you have an i	unsecured claim all or part of which is		Value of Collateral	s Unko	nown
Amount entitled to priority	<b>\$</b>		Amount of arrearage as secured claim, if any		at time case filed included in
Specify the priority of the claim					
	inder 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa services for personal family of		
	ns (up to \$10 000)* earned within 180 days petition or cessation of the debtor's · 11 U S C § 507(a)(4)		Taxes or penalties owed to go  Other - Specify applicable pan	vernmental units	11 U S C § 507(a)(8)
Contributions to an employee I	penefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 an	nd every 3 years thereafter date of adjustment
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED	¥ ¥ .		,537.67 \$		\$ 204,53767
	(unsecured) <b>200,000</b> As interest or other charges in addition to the	Ovinci ne (s ne principal	secured) + 4537.67 Mee amount of the claim Attach ite	mized statement o	/12/06 (Total)  f all interest or additional charges
7 SUPPORTING DOCUME	Il payments on this claim has been cree NTS <u>Attach copies of supporting doct</u>	<i>ıments,</i> su	ich as promissory notes pure	chase orders, inv	oices, itemized statements of
	court judgments, mortgages, security a sents are not available, explain If the d				I SEND ORIGINAL
8 DATE-STAMPED COPY proof of claim	To receive an acknowledgment of the	e filing of y	our claim, enclose a stampe	d, self-addressed	envelope and copy of this
ACCEPTED) so that it is ac for each person or entity (i	ted proof of claim form must be sent tually received on or before 5 00 pm ncluding individuals, partnerships, c	, prevailin	g Pacific time, on Novemb	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group		BMC Gro	<u> </u>	, FIL	ED NOV 10 2006
Attn USACM Claims Docket P O Box 911		1330 Eas	CM Claims Docketing Cente t Franklin Avenue	r i	
El Segundo CA 90245-0911			do, CA 90245		
11/9/2006 SK	SN and print the name and title, if any of the titls claim tattach copy of power of attorn	now if anul		esident	USA CMC
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